

SERFF Tracking Number: MUTM-126480700 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 44743  
Company Tracking Number: STACEY PAYTON  
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
Product Name: Medicare Supplement Advertising - T01\_416  
Project Name/Number: Medicare Supplement Advertising Postcard/T01\_416

## Filing at a Glance

Company: Assured Life Association

Product Name: Medicare Supplement  
Advertising - T01\_416

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement -  
Other

Filing Type: Advertisement

SERFF Tr Num: MUTM-126480700 State: Arkansas

SERFF Status: Closed-Filed

Co Tr Num: STACEY PAYTON

State Tr Num: 44743

State Status: Filed-Closed

Reviewer(s): Stephanie Fowler

Author: Stacey Payton

Disposition Date: 02/04/2010

Date Submitted: 02/01/2010

Disposition Status: Filed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: Medicare Supplement Advertising Postcard

Project Number: T01\_416

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/04/2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/04/2010

Created By: Stacey Payton

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Stacey Payton

Filing Description:

NAIC #56499

FEIN #84-0356870

Assured Life Association

Medicare Supplement Advertising

T01\_416

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

<i>SERFF Tracking Number:</i>	<i>MUTM-126480700</i>	<i>State:</i>	<i>Arkansas</i>
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This is a postcard that will be used to advertise a sample monthly premium. The postcard contains a grid with variable fields (see the Memorandum of Variability) that apply to the rating structure for your state. The agent/independent producer would choose which sample rate they would like to advertise by selecting a plan and any other corresponding variable information. The agent/producer would contact our home office to request the ad be set up and printed. The home office will be responsible for inputting the correct variable information including the current premium and providing the final printed copy.

Your notice of acceptance of this filing will be greatly appreciated.

Thank you.

Sincerely,

Carly Cole  
Product and Advertising Compliance Consultant  
Regulatory Affairs  
Phone: 402-351-2476  
Fax: 402-351-5298  
E-mail: [advfilings@mutualofomaha.com](mailto:advfilings@mutualofomaha.com)

sp

## Company and Contact

### Filing Contact Information

Carly Cole, Product & Advertising Compliance Consultant	<a href="mailto:carly.cole@mutualofomaha.com">carly.cole@mutualofomaha.com</a>
Regulatory Affairs	402-351-2476 [Phone]
Mutual of Omaha Plaza	402-351-5298 [FAX]
Omaha, NE 68175	

### Filing Company Information

Assured Life Association	CoCode: 56499	State of Domicile: Colorado
9777 South Yosemite, Suite 200	Group Code:	Company Type: Fraternal Benefit Society
Lone Tree, CO 80124	Group Name:	State ID Number:
(800) 995-5991 ext. [Phone]	FEIN Number: 84-0356870	

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*TOI:*      *MS06 Medicare Supplement - Other*      *Sub-TOI:*      *MS06.000 Medicare Supplement - Other*  
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## **Filing Fees**

*Fee Required?*      *Yes*  
*Fee Amount:*      *\$50.00*  
*Retaliatory?*      *No*  
*Fee Explanation:*  
*Per Company:*      *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$50.00	02/01/2010	33903981

<i>SERFF Tracking Number:</i>	<i>MUTM-126480700</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Stephanie Fowler	02/04/2010	02/04/2010

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## Disposition

Disposition Date: 02/04/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Memo of Variability	Filed	Yes
<b>Form</b>	Postcard	Filed	Yes

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## Form Schedule

Lead Form Number: T01\_416

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 02/04/2010	T01_416	Advertising Postcard	Initial			T01_416.pdf

# Supplement Medicare with Additional Insurance

Call Today For A  
Free Rate Quote!

[Agent's Agency Name]  
[Agent Name]  
[Agent's Phone Number]

## ASSURED LIFE ASSOCIATION MEDICARE SUPPLEMENT RATES

[State ZIP Codes or ZIP Codes beginning with]		Monthly Premium*	
	Age	Plan [name]	Plan [name]
	[age]	[\$rate]	[\$rate]
	[age]	[\$rate]	[\$rate]
	[age]	[\$rate]	[\$rate]

\*[sex specific rate disclosure][appropriate state rate disclosure]

Underwritten by:



ASSURED LIFE  
ASSOCIATION

*A Fraternal Benefit Society*

8000 E. Maplewood Ave., Ste. 105  
Greenwood Village, CO 80111  
[www.DenverWoodmen.com](http://www.DenverWoodmen.com)

**This is a solicitation of insurance and an insurance agent may contact you by telephone.**

Neither Assured Life Association nor its Medicare supplement insurance certificates are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance certificate forms MTA20, MTA21, MTA22, MTA23, MTA24, MTA25. These certificates have exclusions, reductions and limitations.



**[Agent's Agency Name]**

[Agent's Name]

[Agent's Address]

[Agent's City, State ZIP]

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**Medicare Supplement Insurance**

***Some of the Best Rates  
for the Most Popular Plans  
in [State]***

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
			<b>Date:</b>
<b>Satisfied - Item:</b>	Memo of Variability	Filed	02/04/2010
<b>Comments:</b>			
<b>Attachment:</b>			
T01_416 (MoV).pdf			

# VARIABLE MATERIAL FOR ADVERTISING FORM T01\_416

*The following information in the aforementioned advertisement is bracketed to denote variable material.*

## Section

## Explanation

**Medicare Supplement Insurance**  
***Some of the Best Rates***  
***for the Most Popular Plans***  
***in [State]***

Input State where plans are approved.

## **Rate Chart**

*\* The rate chart is "overprinted" on to each piece. The "Age" column will be removed from the states that are not age rated.*

Header Rows:

1. Column 1 – Input State or ZIP code(s) where plans are approved.
2. Columns 3 and 4 – Input plans to be solicited.

Bottom Rows:

1. Column 2 – Input Age 65 or older\*
2. Columns 3 and 4 – Input corresponding rate for plans chosen.

## **Rate Disclosure**

### **\* [sex specific rate disclosure]**

*The rate chart is "overprinted" on to each piece. The sex specific disclosure will not appear on states that are not gender rated.*

If female rates are used, the disclosure will read:  
"Female rates (male rates may be higher)"

If male rates are used, the disclosure will read:  
"Male rates (female rates generally lower)"

### **[appropriate state rate disclosure]**

*The appropriate disclosure will be listed for each state.*

AL, WV – Sample base rates; [sex specific rate disclosure]; nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change.

GA, IA, IL, NE, OH, VA – Sample base rates; [sex specific rate disclosure]; nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code.

AR – Sample base rates; nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code.

\* The overprint section of this form is set up by the home office to assure that the correct and current rates are used.